SEC 1972 (6-02)

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

# **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION



OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden
hours per response... 1

| SEC USE ONLY |         |        |  |  |
|--------------|---------|--------|--|--|
| Prefix       |         | Serial |  |  |
| DAT          | E RECEI | VED    |  |  |

| Filing Under (Check box(es) that apply):                                   | at [] <u>Rule 504</u> [] <u>Rule 505</u> [X] <u>R</u> i  | ule 506 [      | Section 4(6)   | []ULOE           |   |
|--|--|----------------|--|------------------|---|
|  | Type of Filing: [X] New Filing   | [ ] Ameno      | Iment  |                  | DAPECCE                                 |
|  | A. BASIC IDENTIFICAT   | ION DATA       |  |                  | MOCESSE                                 |
| Enter the information reques   | ted about the issuer   |                |  | R                | MAR 2 2 2005<br>THOMSON                 |
| Name of Issuer ([ ] check if thi DBSI Renaissance Center LL                | s is an amendment and name has changed, an<br>C  | nd indicate ch | nange.)  |                  |   |
| Address of Executive Offices 1550 S. Tech Lane, Meridian,                  | (Number and Street, City, State, Zip Code) <b>ID 83642</b>   |                | ephone Numbe<br>208-955-9800   | r (Including Ar  | ea Code)                                |
| Address of Principal Business (if different from Executive Office          | Operations (Number and Street, City, State, Zes)   | ip Code) T     | elephone Numl  | per (Including / | Area Code)                              |
|  |  |                | ,  |                  |   |
| Brief Description of Business<br>Tenant in Common Real Esta                | te   |                |  |                  |   |
|  |  |                | A STATE OF THE STA | 2.500            |   |
| Tenant in Common Real Esta   |  | [X]            | other (please s  | specify):        | - I I I I I I I I I I I I I I I I I I I |
| Tenant in Common Real Esta  Type of Business Organization                  | The state of the s |                | other (please sed Liability Cor  |                  |   |
| Tenant in Common Real Esta  Type of Business Organization  [ ] corporation | [ ] limited partnership, already formed  |                | •  |                  |   |

**GENERAL INSTRUCTIONS** 

55555.0133,693264.1

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

## A. BASIC IDENTIFICATION DATA

# 2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

| Check Box(es) that App                         | oly: [ ] Promoter [X] Beneficial C              | wner [X] Executive Off   | ficer [ X ] Director [ ] General and/or<br>Managing Partner  |  |
|--|---|--------------------------|--|--|
| Full Name (Last name t<br>Swenson, Douglas L.  | first, if individual)                           |                          |  |  |
| Business or Residence<br>1550 S. Tech Lane, Mo | Address (Number and Street, Cieridian, ID 83642 | ty, State, Zip Code)     |  |  |
| Check Box(es) that Apply:                      | [X] Promoter [X] Beneficial<br>Owner            | [ ] Executive<br>Officer | [ ] Director [ X ] Managing<br>Member  |  |
| Full Name (Last name to DBSI Housing, Inc.     | first, if individual)                           |                          |  |  |
| Business or Residence<br>1550 S Tech Lane, Me  | Address (Number and Street, Ciridian, ID 83642  | ty, State, Zip Code)     |  |  |
| Check Box(es) that App                         | oly: [ ] Promoter [] Beneficial C               | Owner [] Executive Off   | ficer [ ] Director [] Managing Member  | The state of the s |
| Full Name (Last name                           | first, if individual)                           |                          | The state of the s |  |
| Business or Residence                          | Address (Number and Street, Ci                  | ty, State, Zip Code)     |  | <del></del>  |
| Check Box(es) that App                         | oly: [ ] Promoter [] Beneficial (               | Owner [ ] Executive Off  | ficer [ ] Director [ ] General and/or<br>Managing Partner  |  |
| Full Name (Last name                           | first, if individual)                           |                          |  | THE PROPERTY OF THE PROPERTY O |
| Business or Residence                          | Address (Number and Street, C                   | ty, State, Zip Code)     |  |  |
| Check Box(es) that App                         | oly: [ ] Promoter [] Beneficial (               | Owner [ ] Executive Off  | ficer [ ] Director [ ] General and/or<br>Managing Partner  |  |
| Full Name (Last name                           | first, if individual)                           |                          |  |  |
| Business or Residence                          | Address (Number and Street, Ci                  | ty, State, Zip Code)     |  |  |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - e Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

| Check Box(es) that Apply: [ ] Promoter [ ] Beneficial Owner [ ] Executive Officer [ ] Director [ ] General and/or Managing Partner |
|--|
| Full Name (Last name first, if individual)   |
| Business or Residence Address (Number and Street, City, State, Zip Code)   |
| Check Box(es) that Apply: [ ] Promoter [ ] Beneficial Owner [ ] Executive Officer [ ] Director [ ] General and/or Managing Partner |
| Full Name (Last name first, if individual)   |
| Business or Residence Address (Number and Street, City, State, Zip Code)   |
| Check Box(es) that Apply: [ ] Promoter [] Beneficial Owner [ ] Executive Officer [ ] Director [ ] General and/or Managing Partner  |
| Full Name (Last name first, if individual)   |
| Business or Residence Address (Number and Street, City, State, Zip Code)   |
| Check Box(es) that Apply: [ ] Promoter [] Beneficial Owner [ ] Executive Officer [ ] Director [ ] General and/or Managing Partner  |
| Full Name (Last name first, if individual)   |
| Business or Residence Address (Number and Street, City, State, Zip Code)   |
| Check Box(es) that Apply: [ ] Promoter [] Beneficial Owner [ ] Executive Officer [ ] Director [ ] General and/or Managing Partner  |
| Full Name (Last name first, if individual)   |
| Business or Residence Address (Number and Street, City, State, Zip Code)   |
|  |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

|   | the issue   | er sold, o  | r does th  | e issuer i  | intend to  | sell, to no  | n-accredi   | ted invest                                      | ors in this   |                               | Yes<br>[ ]                                | No<br>[ <b>X</b> ]                 | and the second   |
|---|---|---|--|---|--|--|---|---|---|-------------------------------|---|------------------------------------|--|
|   |   |   |  |   | • •  |  | lumn 2, if  | •   |   |                               |   |                                    |  |
| 2. What is the minimum investment that will be accepted from any individual?(A smaller minimum investment may be accepted at the discretion of Issuer)  \$ 906,314.00 |   |   |  |   |  |  |   |   |   |                               |   |                                    |  |
| 3. Does the offering permit joint ownership of a single unit?   |   |   |  |   |  |  |   |   |   |                               |   |                                    |  |
| or indi<br>with sa<br>oroker<br>or dea  | rectly, an<br>ales of se<br>or dealer<br>ler. If mo   | y commis<br>curities in<br>r register<br>re than fi   | ssion or so<br>the offe<br>ed with the<br>ve (5) pe  | similar rei<br>ring. If a<br>ne SEC a<br>rsons to l   | muneration<br>person to<br>and/or with<br>the listed a | on for soli<br>be listed<br>h a state<br>are assoc       | citation of<br>is an ass<br>or states,                                      | purchase<br>ociated polist the na<br>sons of su | or given,<br>ers in conr<br>erson or a<br>me of the<br>ch a broke | ection<br>gent of a<br>broker | ı   |                                    |  |
| Full Na   | ame (Las  | t name fi   | rst, if indi   | vidual)   |  |  |   |   |   | annan arangga arang           |   |                                    |  |
| Busine  | ess or Re   | sidence /   | Address (  | (Number   | and Stree  | et, City, S  | tate, Zip (   | Code)   |   |                               |   |                                    |  |
| Name  | of Assoc  | iated Bro   | ker or De  | ealer   | odini <del>se ketikle sam, celak e</del> te i          | <del>1 </del>  |   |   |   |                               |   |                                    | The second secon |
|   |   |   |  |   |  |  | licit Purch   | nasers  |   |                               |   |                                    |  |
|   | k "All Stat   |   |  |   | •  |  |   |   |   | [                             | ] All State                               |                                    |  |
| [AL]  | [AK]  | [AZ]  | [AR]   | [CA]  | [CO]   | [CT]   | [DE]  | [DC]  | [FL]  | [GA]                          | [HI]                                      | [ID]                               |  |
| [IL]  | [IN]  | [Al]  | [KS]   | [KY]  | [LA]   | [ME]   | [MD]  | [MA]  | [MI]  | [MN]                          | [MS]                                      | [MO]                               |  |
| [MT]<br>[RI]  | [NE]<br>[SC]  | [NV]<br>[SD]  | [NH]<br>[TN]   | [NJ]<br>[TX]  | [NM]<br>[UT]   | [NY]<br>[VT]   | [NC]<br>[VA]  | [ND]<br>[WA]                                    | [OH]<br>[WV]  | [OK]<br>[WI]                  | [OR]<br>[WY]                              | [PA]<br>[PR]                       |  |
| Full Na   | ame (Las  | t name fi   | rst, if indi   | vidual)   |  |  |   |   |   | C-3C (AUCAU)                  | · water at the same                       |                                    |  |
|   |   |   |  |   |  |  |   |   |   |                               |   |                                    |  |
| Busine  | ess or Re   | sidence /   | Address (  | (Number   | and Stree  | et, City, S  | tate, Zip (   | Code)   |   |                               |   |                                    |  |
|   | ess or Re   |   |  |   | and Stree  | et, City, S  | tate, Zip (   | Code)   |   |                               | <u></u>                                   |                                    |  |
| Name<br>States  | of Assoc  | iated Bro<br>Person   | ker or De  | ealer<br>as Solicite  | ed or Inte   | nds to Sc  | tate, Zip (   |   |   | F                             | 1 All O4-A                                |                                    |  |
| Name<br>States<br>(Chec   | of Assoc<br>in Which<br>k "All Sta  | iated Bro<br>————<br>Person<br>tes" or ch   | ker or De<br>Listed Ha   | ealer<br>as Solicite  | ed or Inte   | nds to Sc  | olicit Purch  | nasers  | re( )   | ]                             | ] All Stat                                |                                    |  |
| Name<br>States<br>(Chec<br>[AL]   | of Assoc<br>in Which<br>k "All Stat<br>[AK]   | iated Bro<br>Person<br>tes" or ch   | ker or De<br>Listed Ha<br>neck indiv<br>[AR]   | ealer<br>as Solicite<br>vidual Sta<br>[CA]  | ed or Inte<br>ites)                                    | nds to Sc  | olicit Purch  | nasers  | (FL)  | [GA]                          | [HI]                                      | [ID]                               |  |
| Name<br>States<br>(Chec<br>[AL]<br>[IL]   | of Assoc<br>in Which<br>k "All Stat<br>[AK]<br>[IN]   | iated Bro<br>Person<br>tes" or ch<br>[AZ]   | ker or De<br>Listed Ha<br>neck indiv<br>[AR]<br>[KS]   | ealer as Solicite vidual Sta [CA] [KY]  | ed or Inte<br>ites)<br>[CO]<br>[LA]                    | nds to So<br><br>[CT]<br>[ME]                            | olicit Purch  | nasers [DC] [MA]                                | [MI]  | [GA]<br>[MN]                  | [HI]<br>[MS]                              | [ID]<br>[MO]                       |  |
| Name<br>States<br>(Chec<br>[AL]   | of Assoc<br>in Which<br>k "All Stat<br>[AK]   | iated Bro<br>Person<br>tes" or ch   | ker or De<br>Listed Ha<br>neck indiv<br>[AR]   | ealer<br>as Solicite<br>vidual Sta<br>[CA]  | ed or Inte<br>ites)                                    | nds to Sc  | olicit Purch  | nasers  |   | [GA]                          | [HI]                                      | [ID]                               |  |
| Name<br>States<br>(Checi<br>[AL]<br>[IL]<br>[MT]  | of Assoc<br>in Which<br>k "All Stat<br>[AK]<br>[IN]<br>[NE]   | iated Bro<br>Person<br>tes" or ch<br>[AZ]<br>[IA]<br>[NV]<br>[SD]   | ker or De<br>Listed Ha<br>neck indiv<br>[AR]<br>[KS]<br>[NH]   | ealer as Solicite vidual Sta [CA] [KY] [NJ]   | ed or Inte stes) [CO] [LA] [NM]                        | nds to So<br>[CT]<br>[ME]<br>[NY]                        | licit Purch [DE] [MD] [NC]  | DC] [MA] [ND]                                   | [MI]<br>[OH]  | [GA]<br>[MN]<br>[OK]          | [HI]<br>[MS]<br>[OR]                      | [ID]<br>[MO]<br>[PA]               |  |
| Name<br>States<br>(Chec<br>[AL]<br>[IL]<br>[MT]<br>[RI]   | of Assoc<br>in Which<br>k "All Stat<br>[AK]<br>[IN]<br>[NE]<br>[SC]<br>ame (Las   | iated Bro Person tes" or ch [AZ] [IA] [NV] [SD]   | ker or De<br>Listed Ha<br>neck indiv<br>[AR]<br>[KS]<br>[NH]<br>[TN]   | ealer as Solicite vidual Sta [CA] [KY] [NJ] [TX]  | ed or Inte<br>ites)<br>[CO]<br>[LA]<br>[NM]<br>[UT]    | nds to So<br><br>[CT]<br>[ME]<br>[NY]<br>[VT]            | licit Purch [DE] [MD] [NC]  | DC] [MA] [ND] [WA]                              | [MI]<br>[OH]  | [GA]<br>[MN]<br>[OK]          | [HI]<br>[MS]<br>[OR]                      | [ID]<br>[MO]<br>[PA]               |  |
| Name States (Check [AL] [IL] [MT] [RI] Full Name  | of Assoc<br>in Which<br>k "All Stat<br>[AK]<br>[IN]<br>[NE]<br>[SC]<br>ame (Las   | iated Bro Person tes" or ch [AZ] [IA] [NV] [SD] t name fi   | ker or De<br>Listed Ha<br>neck indiv<br>[AR]<br>[KS]<br>[NH]<br>[TN]   | ealer as Solicite vidual Sta [CA] [KY] [NJ] [TX] vidual)                                      | ed or Inte<br>ites)<br>[CO]<br>[LA]<br>[NM]<br>[UT]    | nds to So<br><br>[CT]<br>[ME]<br>[NY]<br>[VT]            | licit Purch<br>[DE]<br>[MD]<br>[NC]<br>[VA]                                 | DC] [MA] [ND] [WA]                              | [MI]<br>[OH]  | [GA]<br>[MN]<br>[OK]          | [HI]<br>[MS]<br>[OR]                      | [ID]<br>[MO]<br>[PA]               |  |
| Name States (Check [AL] [IL] [MT] [RI] Full Name Name   | of Assoc<br>in Which<br>k "All Star<br>[AK]<br>[IN]<br>[NE]<br>[SC]<br>ame (Las<br>ess or Re<br>of Assoc                                    | iated Broom Person (AZ) [IA] [NV] [SD] It name fit sidence of the person                                    | Listed Hanck indiv<br>[AR]<br>[KS]<br>[NH]<br>[TN]<br>rst, if individed of the control of t   | ealer as Solicito vidual Sta [CA] [KY] [NJ] [TX] vidual) (Number ealer                        | ed or Inte   | nds to So  | licit Purch<br>[DE]<br>[MD]<br>[NC]<br>[VA]                                 | [DC] [MA] [ND] [WA]                             | [MI]<br>[OH]  | [GA]<br>[MN]<br>[OK]          | [HI]<br>[MS]<br>[OR]<br>[WY]              | [ID]<br>[MO]<br>[PA]<br>[PR]       |  |
| Name States (Check [AL] [IL] [MT] [RI] Full Name Name States (Check   | of Assoc<br>in Which<br>k "All State<br>[AK]<br>[IN]<br>[NE]<br>[SC]<br>ame (Lassess or Re<br>of Assoc<br>in Which<br>k "All State          | iated Bro Person [AZ] [IA] [NV] [SD]  t name finated Bro Person tes" or ch                                  | Listed Hancek indiv<br>[AR]<br>[KS]<br>[NH]<br>[TN]<br>rst, if indiv<br>Address of the color of | ealer as Solicite vidual Sta [CA] [KY] [NJ] [TX] vidual) (Number ealer as Solicite vidual Sta | ed or Inte ites) [CO] [LA] [NM] [UT]  and Street       | nds to So<br>[CT]<br>[ME]<br>[NY]<br>[VT]<br>et, City, S | Ilicit Purch [DE] [MD] [NC] [VA]  | [DC] [MA] [ND] [WA]                             | [MI]<br>[OH]<br>[WV]  | [GA]<br>[MN]<br>[OK]<br>[WI]  | [HI]<br>[MS]<br>[OR]<br>[WY]              | [ID]<br>[MO]<br>[PA]<br>[PR]       |  |
| Name States (Check [AL] [IL] [MT] [RI] Full Name Name States (Check [AL]  | of Assoc<br>in Which<br>k "All Stat<br>[AK]<br>[IN]<br>[NE]<br>[SC]<br>ame (Las<br>ess or Re<br>of Assoc<br>in Which<br>k "All Stat<br>[AK] | iated Bro Person (AZ) [IA] [NV] [SD] It name fit sidence in Person tes" or che [AZ]                         | Listed Haneck indiv<br>[AR]<br>[KS]<br>[NH]<br>[TN]<br>rst, if indiv<br>Address of the control of the contro | ealer as Solicito ridual Sta [CA] [KY] [NJ] [TX] vidual) (Number ealer as Solicito ridual Sta | ed or Inte   | nds to So [CT] [ME] [NY] [VT] et, City, S                | [DE] [MD] [NC] [VA]  state, Zip (   | [DC] [MA] [ND] [WA]  Code)                      | [MI]<br>[OH]<br>[WV]  | [GA]<br>[MN]<br>[OK]<br>[WI]  | [HI] [MS] [OR] [WY]                       | [ID]<br>[MO]<br>[PA]<br>[PR]<br>es |  |
| Name States (Checi [AL] [IL] [MT] [RI] Busine Name States (Checi [AL]   | of Assoc<br>in Which<br>k "All Star<br>[AK]<br>[IN]<br>[NE]<br>[SC]<br>ame (Las<br>ess or Re<br>of Assoc<br>in Which<br>k "All Star<br>[AK] | iated Bro Person tes" or ch [AZ] [IA] [NV] [SD]  It name fi sidence a iated Bro Person tes" or ch [AZ] [IA] | Listed Hanck indiv   | ealer as Solicite vidual Sta [CA] [KY] [NJ] [TX]  vidual) (Number as Solicite vidual Sta      | ed or Inte   | nds to So [CT] [ME] [NY] [VT] et, City, S  nds to So     | Ilicit Purch  [DE]  [MD]  [NC]  [VA]  Itate, Zip (  Dicit Purch  [DE]  [MD] | [DC] [MA] [ND] [WA]  Code)  nasers  [DC] [MA]   | [MI]<br>[OH]<br>[WV]  | [GA]<br>[MN]<br>[OK]<br>[WI]  | [HI] [MS] [OR] [WY]  ] All Stat [HI] [MS] | (ID) (MO) (PA) (PR)  es (ID) (MO)  |  |
| Name States (Check [AL] [IL] [MT] [RI] Full Name Name States (Check   | of Assoc<br>in Which<br>k "All Stat<br>[AK]<br>[IN]<br>[NE]<br>[SC]<br>ame (Las<br>ess or Re<br>of Assoc<br>in Which<br>k "All Stat<br>[AK] | iated Bro Person (AZ) [IA] [NV] [SD] It name fit sidence in Person tes" or che [AZ]                         | Listed Haneck indiv<br>[AR]<br>[KS]<br>[NH]<br>[TN]<br>rst, if indiv<br>Address of the control of the contro | ealer as Solicito ridual Sta [CA] [KY] [NJ] [TX] vidual) (Number ealer as Solicito ridual Sta | ed or Inte   | nds to So [CT] [ME] [NY] [VT] et, City, S                | [DE] [MD] [NC] [VA]  state, Zip (   | [DC] [MA] [ND] [WA]  Code)                      | [MI]<br>[OH]<br>[WV]  | [GA]<br>[MN]<br>[OK]<br>[WI]  | [HI] [MS] [OR] [WY]                       | [ID]<br>[MO]<br>[PA]<br>[PR]<br>es |  |

C. FFERING PRICE, UMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.   |                   |  |
|--|-------------------|--|
|  | Aggregate         | Amount Already                                 |
| Type of Security   | Offering Price    | Sold   |
| Debt   | \$                | \$   |
| Equity   | \$ 30,814,644.00  | \$   |
| [ ] Common [ ] Preferred   |                   |  |
| Convertible Securities (including warrants)  | \$                | \$   |
| Partnership Interests  | \$                | \$   |
| Other (Specify) Tenant in Common Real Estate Fee Equity.   | \$30,814,644.00   | · <del></del>                                  |
| Total  |                   | \$ <u>5                                   </u> |
|  | \$30,814,644.00   | Ψ  |
| Answer also in Appendix, Column 3, if filing under ULOE.   |                   |  |
| 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under $\underline{\text{Rule }504}$ , indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."  |                   |  |
|  |                   | Aggregate                                      |
|  | Number            | Dollar Amount                                  |
|  | Investors         | of Purchases                                   |
| Accredited Investors   |                   | \$   |
| Non-accredited Investors   |                   | .\$  |
| Total (for filings under Rule 504 only)  |                   | \$ <u>0</u>                                    |
| Answer also in Appendix, Column 4, if filing under ULOE.   |                   |  |
| <ul><li>(12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.</li><li>Type of offering</li></ul>  | Type of Security  | Dollar Amount<br>Sold                          |
| Rule 505   |                   | \$   |
| Regulation A   |                   | \$   |
| Rule 504   |                   | \$   |
| Total  |                   | \$ 0   |
|  |                   | · * <u> </u>                                   |
| 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees  Printing and Engraving Costs  Legal Fees  Accounting Fees  Engineering Fees  Sales Commissions (specify finders' fees separately)  Other Expenses (identify) Marketing, Wholesaling, & Organizational Expenses  Total |                   | [] \$  |
| b. Enter the difference between the aggregate offering price given in response to Part C expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted issuer."  | gross proceeds to |  |

furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C -Question 4.b above. Payments to Officers, Directors, & Payments To Affiliates Others Salaries and fees ..... []\$ []\$ **X** \$ 1,065,040.00 Purchase of real estate ..... **[4]** \$ 27,100,001.00 Purchase, rental or leasing and installation of machinery []\$\_\_\_\_ []\$\_\_\_\_ and equipment ..... Construction or leasing of plant buildings and facilities...... []\$\_\_\_ []\$ Acquisition of other businesses (including the value of securities involved in this offering that may be used in []\$\_\_\_\_\_ []\$\_\_\_\_ exchange for the assets or securities of another issuer pursuant to a merger) ..... Repayment of indebtedness ..... 11\$ []\$ Working capital ..Accountable Reserves..... []\$\_\_\_\_ [A\$ 600,000.00 Other (specify): Est. Loan Cost []\$ N \$176,000.00 Non-Accountable Acquisition Related Expense []\$\_\_\_\_\_ **§** \$50,000.00 KQ \$ 1,065,040.00 Column Totals ..... **\$27,926,000.00** Total Payments Listed (column totals added) ...... [¥] \$ <u>28,991,041.00</u> D. FEDERAL SIGNATURE The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502. Issuer (Print or Type) Signature Date DBSI Renaissance Center LLC, a Delaware LLC 03/11/2005 Name of Signer (Print or Type) Title of Signer (Print or Type) Eric Gordon, its Financial Operations Principal by DBSI Housing, Inc. its member

| ATTENTION   |
|---|
| Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. |
| 1001.)  |

| E. STATE SIGNATURE  |                                   |  |
|---|-----------------------------------|--|
| 1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?   | Yes No                            |  |
| See Appendix, Column 5, for state response.   |                                   |  |
| 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this not (17 CFR 239,500) at such times as required by state law.   | tice is filed, a notice on Form D |  |
| 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, inform offerees.  | nation furnished by the issuer t  |  |
| 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the has the burden of establishing that these conditions have been satisfied. |                                   |  |
| The issuer has read this notification and knows the contents to be true and has duly caused this notice to be si undersigned duly authorized person.  | gned on its behalf by the         |  |

# DBSI Renaissance Center LLC, a Delaware LLC Name of Signer (Print or Type) by DBSI Housing, Inc. its member Signature 03/11/2005 Title (Print or Type) Eric Gordon, its Financial Operations Principal

# Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.